

## **CHAPTER IV: ACUPUNCTURE: AN EVIDENCE-BASED ASSESSMENT**

### Introduction

It's a pleasure being here. I tried to think about how I could best begin by telling you how I, as a biochemist, am here talking about acupuncture. I'm sure you each have a fascinating story about how you came to be in the audience today. I thought I would tell you briefly about a *New York Times* reporter's acute appendicitis and my own sciatica condition because I think those 2, lucky in a way, conditions are solely responsible for us all being here tonight. So, in 1970 and 1971, if we harkened back, the bamboo curtain was still down, way down, in terms of our relations with China. It was the end of the Cultural Revolution. The Cultural Revolution was actually in the early 1970s—it is still very much on in China—and China was virtually closed off to the west. A *New York Times* reporter, James Reston, decided to try to get a scoop. He and his wife would often spend a lot of their vacations traveling around the world, trying to get interesting stories—a busman's holiday.

In this case, it was very difficult to get into China. We did not have any diplomatic relations with China at the time. But James Reston was well connected, and through his contacts in London, he was able to arrange a visa and when they said, "Yes your visa is ready," he said, "Please can I have 2 visas," because he wanted Sally, his wife, to go with him. So, they got to Hong Kong, they crossed the border into China only to receive a telegram saying, well, sorry you can't come to Peking right now, you've got to spend some time in the provinces and we'll let you know when you can come into Peking. We called it Peking then; it was before Pin yin, before we started calling it Beijing.

So, what happened was that Henry Kissinger was asked by then President Nixon to see if China might be open for a visit, a historic visit by a U.S. President. Kissinger, of course, couldn't tell the press, couldn't tell anyone that he was going to China because if it didn't work, if conditions weren't right, nobody should know about this. So what Kissinger did was, in the dead of night, he flew to Pakistan. It was one of the few countries at the time

that did have diplomatic relations with China. He flew to Pakistan and from Pakistan, went to Peking. With all of Kissinger's connections, he heard that Reston was about to come to Peking and he said that the last thing he wanted was a western newspaper reporter to know that he was in China. He managed to pull strings and Reston and his wife were not allowed to come to Peking until Kissinger had left. So he got to Peking and later, if you read his autobiography as I did, he blames it on Kissinger, that it lead to additional stress and he wound up getting acute appendicitis in Peking.

Well, they took him right to a western hospital, so he had western anesthesia and had his appendix taken out, no problem. But as always happens with appendicitis, he had very severe postoperative pain. They asked him would he mind being treated with these needles. He had no idea at the time what they were, and they said this is our way of alleviating pain and don't worry if the needles don't work, we have morphine and all sorts of other western drugs. He agreed and the rest is history. The acupuncture needles were extremely effective for knocking down his postoperative pain. James Reston wrote a piece for the *New York Times*. Scotty was his nickname. James Scotty Reston—he was the inventor of the op-ed page.

He wrote a piece that appeared on the op-ed page and then they moved it to the front page. This is the piece from the July 25, 1971, *New York Times*, where he wrote about his operation. This single newspaper article galvanized the interest of the western medical community, galvanized the interest of the lay community, and sent many physicians on tours of China, where they were shown amazing operations that were supposedly performed under acupuncture. What we believe now is that these early operations were performed with acupuncture, so that much lower levels of western anesthesia were needed. The patients could remain conscious but they were dual, most of them, with acupuncture and anesthesia. This is the best I could do of the photograph that I downloaded from the *New York Times* archives. The second person from the right in the black shirt is our intrepid newspaper reporter, James Reston.

So, my own story is of my sciatica in the late 70's. I was just starting to learn the Chinese martial art of Tai Ji Chuan and many of you may have seen it, it's sometimes called swimming in air. But most of the moves are very slow, but there are a few moves with your foot that are very rapid and you kick out there. I was doing this one morning behind my home, and I suddenly felt this sharp pain down my leg. I thought, oh I better slow down and then the next time I did that move, it was much worse, it went all the down to my foot, and friends of mine had to literally come and carry me back into my room to recover. As I said, I am a biochemist and I was studying neurobiology then. I was doing research at the City of Hope Medical Center then, so I knew what sciatica was. I figured this was the revenge of the bullfrogs because one of my research projects was studying the sciatic nerve of bullfrogs. So, it was only right that this should happen. But, it is an extremely painful condition.

As soon as I was able to walk again, I had a friend drive me, first to an orthopedic surgeon and second to a neurologist. I was a western scientist, I wanted to see what the west had to say. In those days, the late 1970s, there was only x-rays. There wasn't MRI, CAT scan, or ultrasound, there was only x-rays. Both of them, I got two independent reports, said, "Good news, there's nothing wrong with your spine." I gritted my teeth and said, "Fine, what do I do about this pain?" They said, "Well if it doesn't show up on the x-rays, that means it's a soft tissue problem, we can't help you, we're surgeons. We can't help you. But we can prescribe anything you like." I said, "I don't want to knock down the pain, I want to know what the problem is" that led me to try acupuncture for the first time.

One of the advanced students who had been teaching me in my Tai Ji Chuan class said that I had to try acupuncture. I figured as a western scientist, I tried the west, you have to be open, I'll try the east. After one treatment on that table, I was able to get up and walk. I was naïve enough to think that, I'm a neurobiologist, if you're just putting these tiny sliver needles into the skin, I ought to be able to tell you what sensory nerve endings are being stimulated. What nerves are being stimulated, what pathways, what transmitters are

released, how the nerves talk to each other and this ought to be able to be a way to understand acupuncture.

Well, fortunately, as I said, I was naïve enough, and this got me my first foot in the door. At the time, I was living very close to the UCLA Biomedical Library and I would spend about a half an hour or so of my time whenever I could, reading about acupuncture. It was the late 1970s, the endorphins had only just been discovered. The first studies suggesting a link between acupuncture and endorphins had just come out. It was a very exciting time and I followed that thread. Little thinking it would take over my life, it was a kind of hobby, which became a passion, which led to my teaching a course, which we called Biomedical Understanding of Acupuncture, at an acupuncture college. I was still in the Gemini, so I'm still interested in standing with one foot on either side of the river; that's how I've come to where I am now.

The fascinating thing was that the more I taught that course, I taught it for 5 years, the more information came out in terms of research studies, the more I incorporated into the course. What was becoming a passion now was becoming a second career. In 1995, I, in fact, did make that career change and became first the Academic Dean and Research Director at the college where I initially taught the course in Santa Monica. Then I moved to Portland where I could really follow my love, which was research. I also moved to Portland to be with my 2 grandchildren, so it was a no-brainer when I was offered this position as the Research Director in Portland. One month before I arrived in Portland, the National Center for Complementary and Alternative Medicine here at the NIH announced that 2 major centers for Complementary and Alternative Medicine Research were to be awarded to the City of Portland. One at Kaiser Permanente and the other based at the medical school in the Neurology Department. For me, as a researcher, it was like I died and got to heaven; as soon as I moved to Portland, these 2 major research centers combined conventional medicine and complementary medicine.